

HOTEL BOOKING FORM ICCA

From Sunday, 1st November 2020 to Wednesday, 4th November 2020

First name:

Name:

Telephone:			Fax:	
Address:			City:	
Zip Code			Country:	
Email			A-Club member:	
Arrival date:	/11/2020	Departure date:	/11/2020	Number of nights :
Please fill in this form directly through excel and email it back to the hotel of your choice no later than				
17th October 2020 Beyond this date the room allotment will be released and the preferred rate will not be granted				
<u>Beyona this dat</u>	<u>e tne room allotr</u>	<u>nent will de release</u>	<u>a and the preferred rate w</u>	illi not de granted
Novotel Luxembourg Kirchberg 6 Rue du Fort Niedergrünewald – L-2226 Luxembourg Fax: +352 26 48 02 23 - Tel.: +352 24 87 72 49 Contact: Reservation department - H1930-RE4@accor.com				
Single Superior Room Special rate: 120€ per night including breakfast Double Superior Room Special rate: 130€ per night including breakfast Please fill in below your credit card details which are mandatory to process your reservation:				
Credit card deta	-	t card details will	Expiration date:	-
	1113.		Expiration date.	
Holder's name:				
Visa	Eurocard/I	1astercard	American Express	Diners
the arrival date cancellation ma Payment is on s	. Any modificatio de within 7 days spot upon departied by the hotel afirmation numbe	n made within 7 day prior arrival or non- ure time. for your confirma	ys of the arrival date will be arrival, the full stay will be	I 2pm (hotel local time) 7 days prior e charged on the credit card. Any e charged on the credit card.